

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/889099** FILING DATE _____

APPLICANT(S) _____

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1		1	
2	1		1	
3	2		1	
4	1		1	
5	1		1	
6	1		1	
7	2		1	
8	1		1	
9	①		1	
10	⑥		1	
11	⑦		1	
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48				
49				
50				
TOTAL IND.		2		
TOTAL DEP.		9		
TOTAL CLAIMS		11		

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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TOTAL CLAIMS								